NEW LONDON	54961	Phone: (920) 982-5	5354
Operated from	1/1 To 12/31	Days of Operati	on: 366
Operate in Conj			No
Number of Beds	Set Up and Sta	affed (12/31/00):	107
Total Licensed	Bed Capacity	(12/31/00):	107
Number of Dogie	lanta on 19/91	/00.	101

Ownershi p:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Skilled	Church	Rel ated
Yes		
Yes		
103		

Number of Residents on 12/31/00:	****	107 Avera 101 **********************************	******	*************	*******	*********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/	00) %
Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	Yes Yes No No No No No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 13. 9 1. 0 1. 0 2. 0 5. 9 24. 8 11. 9 10. 9 5. 9 21. 8	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	3. 0 5. 9 33. 7 49. 5 7. 9 	Less Than 1 Year 1 - 4 Years More Than 4 Years ******************* Full-Time Equival Nursing Staff per 100 (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	30. 7 49. 5 19. 8

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 3	\$119. 18	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 0%
Skilled Care	2	100.0	\$147.00	73	94.8	\$101.89	0	0.0	\$0.00	22	100.0	\$132.00	0	0.0	\$0.00	97	96. 0%
Intermedi ate				3	3. 9	\$84. 60	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	3.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		77	100. 0		0	0.0		22	100.0		0	0.0		101	100.0%

Admissions, Discharges, and Deaths During Reporting Period	ļ	Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12	2/31/00
beachs builing kepoliting lellou	\			%	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	7.1	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 9	Bathi ng	14. 9		65. 3	19. 8	101
Other Nursing Homes	4.7	Dressi ng	28. 7		64. 4	6. 9	101
Acute Care Hospitals 70	6.5	Transferring	32. 7		55. 4	11. 9	101
	0.0	Toilet Use	32. 7		52. 5	14. 9	101
	0.0	Eati ng	78 . 2		20. 8	1. 0	101
	5.9	*************	*********	******	******	*******	*****
Total Number of Admissions	85	Continence		%	Special Treatm		%
Percent Discharges To:		Indwelling Or Externa		7. 9		spiratory Care	27. 7
	9. 9	Occ/Freq. Incontinent		47. 5		acheostomy Care	0. 0
	4. 9	Occ/Freq. Incontinent	of Bowel	26. 7	Recei vi ng Su	cti oni ng	1. 0
	2.3				Receiving 0s	tomy Care	1. 0
Acute Care Hospitals	2.3	Mobility	_		Receiving Tu	be Feeding	1. 0
	0.0	Physically Restrained	l	7. 9	Receiving Me	chanically Altered Diet	s 31.7
	0.0						
	6.9	Ski n Care				Characteristics	
	3. 7	With Pressure Sores		4. 0	Have Advance	Di recti ves	91. 1
Total Number of Discharges		With Rashes		15.8	Medi cati ons		
(Including Deaths)	87			-1111111-	Receiving Ps	ychoactive Drugs	53. 5

		Ownershi p:		Bed	Bed Size:		Li censure:		
	Thi s	his Nonprofit		100-	100- 199		Skilled		
	Facility	ty Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 3	92.8	1.04	86. 4	1. 11	87. 0	1. 11	84. 5	1. 14
Current Residents from In-County	63. 4	73. 6	0.86	79. 8	0. 79	69. 3	0. 91	77. 5	0.82
Admissions from In-County, Still Residing	25. 9	26. 8	0. 97	23. 8	1.09	22. 3	1. 16	21. 5	1. 20
Admissions/Average Daily Census	82. 5	86. 5	0. 95	109. 7	0. 75	104. 1	0. 79	124. 3	0. 66
Discharges/Average Daily Census	84. 5	83. 8	1. 01	112. 2	0. 75	105. 4	0.80	126. 1	0.67
Discharges To Private Residence/Average Daily Census	37. 9	28. 3	1.34	40. 9	0. 93	37. 2	1.02	49. 9	0. 76
Residents Receiving Skilled Care	97. 0	89. 0	1. 09	90. 3	1.07	87. 6	1. 11	83. 3	1. 16
Residents Aged 65 and Older	97. 0	97. 3	1.00	93. 9	1.03	93. 4	1.04	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	76. 2	67. 3	1. 13	68. 7	1. 11	70. 7	1.08	69. 0	1. 11
Private Pay Funded Residents	21.8	27. 1	0.80	23. 2	0. 94	22. 1	0. 98	22. 6	0. 96
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Résidents	14. 9	32.8	0.45	37. 6	0.40	37. 4	0.40	33. 3	0.45
General Medical Service Residents	21.8	22. 4	0. 97	22. 2	0. 98	21. 1	1.03	18. 4	1. 18
Impaired ADL (Mean)	37. 0	49. 0	0. 76	49. 5	0. 75	47. 0	0. 79	49. 4	0. 75
Psychological Problems	53. 5	46. 3	1. 15	47. 0	1. 14	49. 6	1.08	50. 1	1.07
Nursing Care Required (Mean)	10. 3	7. 6	1. 35	7. 2	1.42	7. 0	1.46	7. 2	1.44